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Biological & Medical Serials

CANADA MEDICAL AND SURGICAL JOURNAL

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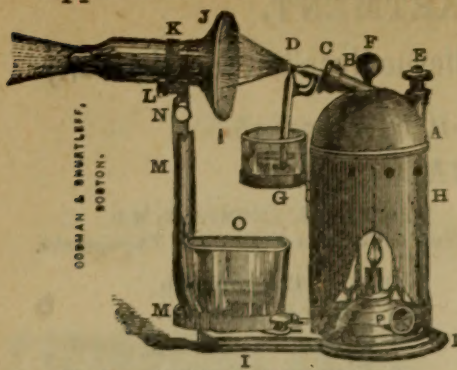

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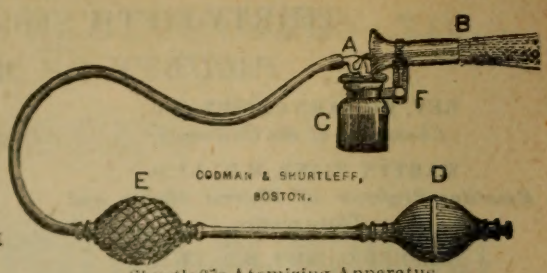

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ORIGINAL COMMUNICATIONS.

Case of gun-shot wound of the abdomen, with visceral injury—Passage of 18 *shot, including one buckshot, per anum—Recovery.* By E. D. WORTHINGTON, M. D., Sherbrooke, P.Q.

I am induced to report this case as a remarkable instance of recovery from what was regarded, at first, as a mortal injury; involving, in my opinion, perforation of the stomach; unattended with marked inflammatory symptoms or constitutional disturbance.

Archibald McConechy, aged 21, a school-master, of temperate habits and good constitution, 5 feet 9 inches in height and weighing 135 lbs., ate a hearty breakfast about 9 o'clock on the morning of the 30th October; and, it being a school holiday, he, with four young lads, went out shooting in the woods near Sherbrooke.

The party left the town about 10 o'clock. and after a walk of a mile or so, went into the woods. After rambling about a short time, and shooting an unfortunate squirrel, and some small birds, they arrived at a point exactly 350 yards from the edge of the clearing, where stood a large spruce tree, which presented a most tempting display of gum. But alas, this gum, like many other of this world's treasures, was not easily accessible. One of the boys "went for" the old gum tree and failed. The master then attempted the difficult feat, and this is the way he did it. He placed the butt of his gun on the ground, the hammer being down on the cap, and rested the barrel on a low scrub beech that grew close to the foot of the spruce

tree on his right of the tree as he stood. He then picked up a piece of split wood, about four feet long, intending to place this against the tree, at an angle, climb up so as to get one foot on the end of this split stick, and so reach the coveted gum. In placing the split stick, however, the gun barrel was rather in the way, he took hold of the muzzle of the gun in his left hand—the stick being in his right—and in endeavouring to put the gun aside, a branch of the scrub beech must have caught the hammer, and fired the gun. This is the account given by the lad before alluded to, and I accept it, as he was standing close to Mr. McConechy—touching him in fact—at the moment ; but, as there were five persons present, so are there five different versions as to minute details. I am thus particular as to time and circumstances, so as to arrive at some idea of the state of the stomach about an hour and a half after a hearty meal, and also as to the direction of the wound. According to the above description the muzzle of the gun must have been *within* 12 inches of Mr. McC's body, and the burnt state of his vest, the shape of the holes in his trowsers, flannel drawers, two flannel shirts, and the appearance of the wound corroborate the description, and prove that the whole charge entered the abdominal parieties in one compact mass. The force of the explosion caused Mr. McC. to recoil against the lad beside him. I may as well state here that the gun was an old one, single barrelled, of 6-8ths bore, with a very stiff spring, and that it was loaded with a very uncertain quantity of both powder and shot. The sporting party carried their ammunition in the most unsportsmanlike style—to wit—in two glass bottles ; and measured the charges in the palms of their hands ; totally ignoring all the modern improvements in the art of war ! The phial containing the shot had a mixture of all known varieties from snipe to buckshot ! Mr. McC. was uncertain how many buckshot were in that particular charge ; at first he thought 4 or 5 ; then 2 or 3 ; and at last, as things passed along so harmoniously he came to the conclusion

that he might be mistaken, and that he might have omitted the buckshot altogether. In so thinking however, he is now satisfied that he was in error; as, in seeking since for hidden treasure, he has received indisputable proof that, at least *one buck shot* was in the charge. Exclaiming that he was shot, he opened his waistcoat, the lining of which was on fire, and sat down for a few moments; then started to walk, and immediately began to vomit blood. He thinks that with this blood was mixed a quantity of food. The younger lads were sent for aid, and with the assistance of the older ones he walked the 350 yards, to the edge of the clearing, vomiting blood by the way in large quantity. Here he was met by a farm horse and cart, and driven over very rough ground to the main road and to his lodgings in Sherbrooke. On the way he was seen by a medical man.

I saw the patient about one o'clock, a few minutes after his arrival. His appearance was that of a person suffering from severe shock. Countenance pale, anxious and pinched; surface cold. Pulse 68 and shaky. Constant desire to vomit, bringing up at each effort a spoonful or two of dark blood. Had him undressed and put into bed, with bottles of hot water to his feet, and gave him the only thing at hand—a dose of morphia in a spoonful of brandy and water. While examining the wound he brought up fully 10 ounces of dark blood, containg coagula, but no trace of food.

The margin of the wound ragged and slightly oval, was $1\frac{3}{4}$ by $1\frac{1}{2}$ inches in diameter, and exactly $1\frac{3}{4}$ inches above, and $1\frac{3}{4}$ inches to the left of the centre of the umbilicus. Its long diameter directed upwards. Not a trace of blood appeared externally. The wound presented the appearance of a packing of woollen fibre in blackened and charred tissue, riddled with shot, but so intimately blended as to form one compact mass. I carefully removed all that was removable of the debris; and one very irregularly shaped piece of lead: aud in the act of vomiting a wad of thread,

evidently the sewing of a button escaped from the wound. There was no other abrasion or bruise; affording additional evidence that the whole charge and perhaps more than the charge, had entered at this point.

The patient wore a heavy cloth double breasted vest; a hole was blown through this vest of three inches in diameter, and a button, a composition perforated button—I mean without the old-fashioned metal shank—and which had occupied a position represented by a point not far from the centre of this hole—and which, moreover, Mr. McC. positively states was not wanting before the accident—has most mysteriously disappeared. I think therefore that in the absence of any opposing substance capable of diverting a charge at such a short range, and in the absence of any evidence of "scattering" on the person, or clothing of the unfortunate sufferer, that this button, and a portion of its surroundings, must have followed the line of fire; and if I am correct in my proposition, this button and a quantity of shot still unaccounted for is now stowed away in some of the recesses of Mr. McConechy's peculiarly unsusceptible abdomen.

About 2 p. m., Drs. Johnston, Jones and Tabb saw the patient with me, and we all thought it better not to interfere further with the wound; not only as there were no indications for heroic interference, but as the patient looked as if he could not possibly survive more than a few hours. The wound was covered with a piece of lint, saturated with carbolic acid and linseed oil, and a double of lint enclosing a piece of ice, placed over this. Introduced a catheter and drew off a pint of normal urine. Before leaving gave 20 minims of Battley's solution of opium in brandy and water, and left absolute orders that, under no circumstances, should anything be given by the mouth, but a very small piece of ice or a teaspoonful of brandy and water.

4 p. m.—Skin rather warmer. Pulse 78 and of better volume; stomach continues very irritable, but has vomited

only twice, about a tablespoonful of dark blood each time. No more brandy and water.

8 p. m.—Skin hot. Thirst, dry tongue. Pulse 112, but not hard. Irritability of stomach peculiarly distressing, but no vomiting since 4 o'clock. Peculiarly sensitive state of the skin of the abdomen, particularly near the wound; and a marked involuntary effort on the part of the patient to keep the side quiet in the act of respiration. No cough at any time. Rather sharp twinges of pain at intervals of about five minutes, in and rather above the wound. Prefers to lie on his back with the thighs rather flexed on the abdomen. Hypodermic injection of Battley, 20 minims. Ice freely to the wound and sparingly by the mouth. At 10 p. m. to have 5 minims of Tr. Aconite (Flemings). Midnight, pulse 132. Temperature increased. I regret that owing to an accident to my thermometer I am unable to give the temperature more accurately, Constant nausea, but no vomiting; gave 5 minims of Tr. Aconite, and having a reliable attendant for the night, ordered this dose to be repeated every two, three or four hours, according to the state of the pulse. Passed 8 oz. of clear urine.

31st.—8 a. m. Passed rather a comfortable night; nausea in paroxysms. At 4 a. m. had vomited 4 oz. of grumous blood, passed 6 oz. of bloody urine. Had Aconite at 3 and 6 o'clock. Pulse 125; tongue clean and moist; thirst less.

11 a. m.—Saw him with Dr. Johnston. Pulse 120; skin and particularly palms of the hands moist. Countenance good; is rather cheerful, but has occasional twinges of pain about the wound; nausea less frequent; continue Aconite, one minim every hour. Saw the patient every hour or two during the day, rigorously enforcing the law that nothing should be given, except by myself personally, but the small piece of ice as before, and that as seldom as possible;—not an easy order to carry out in private practice in the country—in the face of sympathetic female

attendants. From the first I was firmly persuaded that there was perforation of the stomach from the shock considered in connection with the bleeding, the persistent nausea, and the situation and apparent direction of the wound, and while Dr. Johnston in the main agreed with me, he rather inclined to the opinion that either the Liver or the Spleen was the source of the Hæmorrhage.

However, the indication was to keep all the viscera in the abdomen as quiet as possible, and the stomach as empty as possible, and whether it was brandy and water, or ice, our patient never had at any one time enough to do more than moisten the mouth, fauces, and *perhaps* the œsophagus. Passed water twice during the day, but quite normal in character

Midnight.—Pulse 118; gave 25 minims of Battley. Aconite to be continued.

Nov. 1st.—8 a. m.—Saw him with Dr. Austin. Passed a very good night; no vomiting since Sunday at 4 a. m. Paroxsyms of nausea less frequent, induced always by the slightest attempt at motion. Pulse 112; soft. Tongue clean and moist, inclined to sleep; wound healthy. A large square of lint wet in tepid water applied over the carbolic acid dressing and covered with oil silk. Saw him very frequently; no change during the day.

In the evening his father, the Rev. Mr. McConechy, of Leeds, and his mother arrived, and in them I had most faithful allies, relieving me of a good deal of anxiety and police duty. Aconite continued with Battley when necessary.

Nov. 2nd.—Patient very comfortable, had a good night; stomach comparatively quiet. Pulse 112. Tongue moist; skin cool. Excessive tenderness of abdomen—as before described—continues. The slightest touch causes him to wince, but he bears firm equable pressure tolerably well. Occasional twists of pain deep seated, near the wound, and pain whenever he tries to pass urine. No steady pain however, no tympanites, and nausea less troublesome.

10 p. m.—With a syringe affixed to a gum elastic catheter threw up the Rectum 20 minims of Battley in two ounces of beef tea.

Nov. 3rd.—Was sent for at 2 a. m. Patient suffering from constant and depressing nausea. Increased pain around the wound. Pulse 110; skin cool. Gave hypodermic of 25 minims of Battley with great relief. To have injection of beef tea ℥ ii.

8 a. m.—Stomach quiet. Pulse 110. Aconite regularly continued.

10 p. m.—Nausea has entirely disappeared, the stomach being perfectly quiet all day. Patient very cheerful; less tenderness of abdomen. Threw up the Rectum a pint of warm water.

Nov. 4th.—9 a. m.—Patient "jolly." Pulse 102. He thinks he could eat a little. I think he won't. As the result of last night's injection his mother proudly handed me a flattened duck-shot which she had just found in the bed pan, and as it had not yet been emptied I continued the investigation with the father, and was rewarded by the discovery of one smaller shot likewise flattened. The mother's treasure weighed 5 *grains*, mine only *two!* This is the first time the bowels have been moved. The motion was rather copious, and contained no trace of blood.

9 p. m.—Very comfortable all day; pulse 84. Aconite every three hours. Beef tea injections ℥ ii. every four hours. Brandy to be added to this and the Aconite discontinued, if necessary.

Nov. 5th.—Complete line of demarcation round the slough; no discharge from the wound. Pulse 80. Aconite every three hours. Beef tea enemata. Stomach quiet. Bowels moved once; passes water freely. 10 p. m. Battley 25 minims as he thinks the bowels may be moved again.

Nov. 6th.—Early this morning the patient had two very large and offensive discharges from the bowels, which I regret that I did not have an opportunity to examine. Every motion before this had been washed and strained in

the most careful manner until the whole house was suggestive of a Montreal Hotel. It was really aggravating to have what promised such an interesting field for minute research, so recklessly thrown away.

In a slight motion in the afternoon discovered some woollen fibre, the color of the waistcoat, and some shreds of paper.

Nov. 7th.—My patient wonderfully well. Pulse 78. To have a tablespoonful of chicken broth every two hours.

It is to be remembered that since the accident, eight days ago, not one drop of anything, not even barley water, has passed the patient's lips ; nothing but the small piece of ice, and the teaspoonful of brandy and water, the latter after the first 24 hours, not oftener than every 3 or 4 hours, so that it may be said the stomach was kept tolerably empty. Aconite discontinued,

Nov. 11.—Patient improving every day. Chicken broth or beef tea every two hours, one tablespoonful as before. Bowels freely moved ; *passed one shot.*

Nov. 12th.—This evening about 5 o'clock he had a fluid motion, and on examining it himself he found 14 *shot of various sizes and one buckshot ! The* 14 *shot weighed exactly* 30 *grains, and the buckshot* 34 *grains !* They were all irregular in shape, some being quite flattened. He seems quite jubilant over his exploit. Sat in an easy chair for some time, and evidently thinks he is going to recover.

The wound looks well, the slough beginning to get detached and pushing out with it a mass of woollen hairs an inch and a quarter in diameter ; it looks exactly like the hairy head of a "Jack-in-the-box" ready to jump out, but we have determined not to touch "Jack" not knowing precisely his size, or what he is standing upon.

Nov. 15.—Patient doing well, and getting rather reconciled to the Homœopathic system of feeding. The slough being quite detached I lifted it out of the wound very tenderly. It consisted of woolien fibre held together with disorganized tissue. Very much to my relief it revealed no-

thing more terrible than the belly of the Rectus ; ploughed into, it is true, but healthy looking. From a pouch in the belly of the muscle I picked out 7 shot weighing 18 grains. On cleaning out the bottom of the wound it was evident that the muscle was not perforated to any depth in the line of the fire ; but that the charge had been turned aside by the Rectus, its sheath, and probably one of the Lineæ Transversæ. The points where the shot had diverged were fully exposed to view. One in particular, which would readily admit of the passage of a buck shot started from the upper margin of the bottom of the wound, ran for half an inch parallel with the fibres of the Rectus, and then dipped into its belly in the direction of the large curvature of the stomach. Two other tracks of entrance of lesser size entered from the lower margin of the wound, passing to the left. All these shot were irregular in shape, some being completely flattened. I think it may be taken for granted that this flattening of the shot, was not altogether due to the resistance of the clothing, the skin, cellular tissue, and muscular fibre, but may be accounted for, in a great measure, by the impulse of the shot against each other, and against the side of the gun barrel at the moment of the explosion. The shot found in the wound were quite as much flattened as those that passed from the bowels.

Nov. 25.—Wound quite superficial. On the 21st had his clothes on and sat up all day, Walked a little. Had some chicken and blanc mange for a Sunday dinner ; being solid food for the first time. Wanted to go out and may be considered well. Has no pain or uneasiness anywhere, bowels regular, in fact it may be said that "all the functions are in harmony of action."

Has had no aperient medicine of any kind.

In offering this rather remarkable case to your Journal, I have only to add that its fortunate result must be attributed in the first place to an unusually small charge of powder ; next to the idiosyncracy or invulnerability of the patient, and lastly to the combined influences of non-intervention and starvation.

Case of Pedunculated Fibroid Tumour of the Uterus, complicating Pregnancy—Peritonitis—Death.

By T. G. Roddick, M. D., Professor of Clinical Surgery McGill University, Attending Physician to the Montreal General Hospital.

(Read before the Medico-Chirurgical Society.)

Mrs. D., aged 29, healthy looking, married seven years, no children, no miscarriages, consulted me on the 11th July last, giving the following history:—She had not menstruated for four months, thought herself growing somewhat stouter, breasts at times painful, felt no life, but was nevertheless of the opinion that she was pregnant, having had slight morning sickness, and many of the sensations peculiar to that condition. She was not however uneasy on that account although she thought it remarkable, as did I, that she should have been pregnant at this late date of her marriage. She now came to consult me respecting a pain in the right inguinal region, from which she had suffered excruciating agony at times during the past four months or ever since she ceased to menstruate. This pain would seize her without a moment's warning, in bed, in the street, in church, and would compel her if walking or standing to at once sit or lie as opportunity offered. It would pass away in from three to five minutes almost as rapidly as it came, leaving her, however, thoroughly prostrated and her nervous system for some hours quite unstrung. She stated besides that she had recently felt a lump above the right groin which she believed had something to do with the production of the pain. Her bowels had been habitually constipated for some months, and at times she had frequent desire to make water with occasionally a straining after the act. Her appetite was good and she slept as well as ever, being in fact in good health excepting for this pain.

I found on examining the abdomen that there was some uterine enlargement but not so much probably as one

would expect to find after four months. I did not examine stethoscopically. In the right inguinal region, almost exactly I should say over the position of the right ovary, although perhaps a little higher, I came across a firm movable mass of the size of a large hen's egg, being longer in its vertical than its horizontal diameter. As I have said it could be moved within a limited area, but any undue pressure elicited considerable pain of a darting character. The patient strongly objected to a vaginal examination so that the means for diagnosis at my disposal remained limited. I accordingly ordered her a *placebo* in the shape of a belladonna and chloroform liniment with instructions to report herself in a few days.

I need not say that I remained very much in the dark as to the exact nature of things, although my surmises were not a few. As I had not examined the condition of the uterus and its relations, however, and being under the impression from external examination that that organ was not enlarged sufficiently to contain a fœtus in the fourth month, I leaned to the belief that I had to do with a case of extra-uterine pregnancy, either ovarian or tubal. I thought of floating kidney but the nausea said to be induced by pressure on that organ under these circumstances was absent, and besides it was too small to be mistaken for an adult healthy kidney. Inflamed ovary occurred to me, but then again inflammation of that organ is accompanied with constant pain and great tenderness and would not be likely to last for such a time.

July 17—(Six days after the consultation above referred to.) I was sent for to-day to visit Mrs. D., her husband informing me that she had been suffering intense pain all night and vomiting incessantly. I found her in bed, anxious looking, features pinched, pulse 112, and wiry in character, tongue furrred, constant vomiting, some tenderness on pressure over the entire abdomen, but especially pain in the right inguinal region. I found the tumour before described in exactly the same position and not in

itself more painful than before. I now made a vaginal examination and at once satisfied myself that there was a fœtus in utero, but could not by the most careful combined internal and external manipulation feel the tumour through the vaginal wall. This I readily made out, however, that on moving the uterus from side to side I also moved the tumour and *vice versa*, thus proving that they were intimately connected.

As to treatment I ordered locally turpentine epithems to be followed by hot poultices of linseed meal, and internally powders containing half a grain of morphia, a grain of calomel and ten grains of bismuth, to be administered every three hours ; also lime water in milk and weak brandy and water at regular intervals.

July 18—The symptoms gave way to treatment for about twelve hours after my visit the day previous, but were now as violent as ever. I substituted for the powders a mixture containing hydrocyanic acid, solution of morphia, and liquid bismuth, and applied a blister over the painful spot on the right side to be followed also with the linseed meal poultices. As her bowels had not acted for three days I ordered a simple enema.

July 19—Pulse 120 small but regular—temperature 101½. The vomiting is not so constant nor is the pain so severe since the application of the blister. The patient's general appearance however is more unfavorable and the prospect is hourly becoming less promising. Besides I am not at all clear as to the cause of such alarming symtoms. They are not unlike those produced at the time of rupture of the investing membranes in cases of extra-uterine pregnancy, and why I have asked myself although she is pregnant may not one embryo be formed and propagated outside the uterine cavity, while another is undergoing its natural development within? I could think of no benign tumour as likely to produce such mischief especially when floating loosely in the abdominal cavity and not pressing, as far as could be made out, on anything but

the bowels and peritoneum and not firmly on them as its free motion indicated. Could it be malignant disease of the ovary, or a malignant tumour connected with the uterus? There were many chief symptoms of these absent, such as the continuous lancinating pain, the want of eachexia, and the fact that cancer of the ovary at all events is almost always secondary to malignant disease elsewhere.

At my request Dr. Drake was called in consultation. After examining the case most carefully and in our subsequent conversation, he inclined very much to my theory of extra-uterine (probably tubal) pregnancy. The existence of a fœtus in utero was however to him, as it had been to myself, the grave objection to such a supposition, although why we thought could not this anomaly be explained on the same principle as the well recognized phenomenon of superfœtation. I have subsequently learnt in looking up the literature of the subject that this is a recognized fact. Leishman in his excellent system of midwifery says it is admitted on all hands that superfœtation may take place in cases of extra-uterine pregnancy. An example of this he states is reported by Montgomery, in which, while the product of extra-uterine gestation remained encysted within the abdomen the woman bore three children. A similar case (to quote from the same author) has been reported by Dr. Steigertahl; and another still more interesting by Cliet of Lyons, in which a woman died suddenly, and upon dissection, an extra-uterine fœtus of five months was found in the abdomen, while a fœtus of three months occupied the uterus.

Dr. Drake suggested the possibility of the tumour being cystic disease of the ovary, as he was reminded of a case of a somewhat similar character in his own practice in which after death he found this condition of the ovary. The other disease I have mentioned and which occurred to myself we decided on excluding for the reasons I have given.

The only alteration we made in the treatment was the application of a dozen leeches to the bowels, the majority of them to be placed over the right inguinal region.

10 p. m. (18th). The majority of the leeches have taken and the amount of blood extracted has been considerable. She has now a large linseed poultice over the entire abdomen. The pulse is steadily going up, being now 130; temperature 102¼; respirations slightly hurried. For the vomiting, which still continues, I have ordered iced champagne. She has slight retention of urine, but not sufficiently urgent to indicate the use of the catheter; it may probably be due to the morphia of which she is taking half a grain every four hours.

Since the consultation this morning Dr. Drake and I have had a conversation respecting the case, and after looking into it more thoroughly we are both inclined to throw up the diagnosis of tubal fœtation for the reason chiefly that the firm, dense feel of the tumour has remained unaltered since the time I first examined it nine days ago. If the sudden accession of peritonitis and vomiting had been due to the rupture of the investing membranes of a fœtus extra-uterine, one, we argued, would expect to have by this time some alteration in the shape and consistence of the tumour suspected to be of that character. Nothing of the kind had however occurred, the mass being of exactly the same dimensions, shape, and consistence as when first noticed by myself. After studying the case from its various standpoints and weighing the evidence at our disposal most minutely, we come to the conclusion (the credit of having made the suggestion being due Dr. Drake), that in all probability we had to deal with a *pedunculated fibroid tumour of the uterus*. There was one puzzling question, however, which amounted almost to a fatal objection to this theory, viz:—Why should a simple insignificant tumour or growth, floating loose in the abdominal cavity, in the first place during a period of four months create at times pain of the most severe character, and again without a

moment's warning light up a fatal peritonitis with its concomitant distressing symptoms. Notwithstanding this rather formidable stumbling block we decided on adhering to this diagnosis.

July 29—This morning the patient's condition is if anything more alarming than before; vomiting incessant, approaching a stercoraceous character; tongue covered with a deep yellow fur; pulse 140, small and slightly irregular; a subicteroid hue of skin; features pinched; slight delirium. At my request Dr. Howard met Dr. Drake and myself in consultation, After examining the patient and hearing the history he (Dr. H.) concurred with us most emphatically in the diagnosis of pedunculated uterine fibroid. He suggested the employment of morphia hypodermically. Otherwise the treatment is to be continued unchanged.

The patient gradually sank and died on the evening of the 21st, no change of a favorable character having occurred in the symptoms during the last forty-eight hours.

Autopsy—Ten hours after death :— Drs. Cameron and Burland of the Montreal General Hospital, kindly assisted me. Rigor mortis well established. During the death struggle the fœtus had been expelled and lay invested with its membranes partially extruded from the vulva. On opening the abdominal cavity the peritoneum was found universally injected and the intestines congested in places. The uterus was large and flaccid not having contracted to any extent after the expulsion of its contents. Growing from the right side of the fundus and attached to it by a pedicle about three quarters of an inch long, was a *fibroid tumour* of the size of a large hen's egg, thus confirming in every particular the last diagnosis made. The peritoneum, universally injected, was in this locality more congested looking than elsewhere, having indeed in places a dark, almost gangrenous, appearance.

The other organs were healthy.

The specimen, neatly put up by Dr. Cameron, curator of the museum, stands on the table for your inspection.

Remarks.—This case, I take it gentlemen, has many points of extreme interest connected with it, as well in a physiological as a pathological point of view. It is I think interesting physiologically in connection with the great length of time that had elapsed (nearly eight years), before impregnation was accomplished, notwithstanding the uninterrupted marital relations. Could the fibroid growth have originally been embedded in the uterine walls, and by pressure have prevented the congress of germs necessary for ovulation; or did it produce, as so often occurs with fibroid growths, that peculiar catarrhal condition of the uterine mucous membrane so fatal to impregnation? This I look upon as a point of considerable interest, and if explained might assist in the solution of many cases of sterility.

Another matter, however, not less perplexing to me in regard to this case is the occurrence of such fatal symptoms from so slight a cause. We can readily understand a foreign body in the peritoneal cavity (such as the tumour under discussion might be considered) producing during its growth some uneasiness and localized pain, but by what process it could bring about the mischief related in this case I am puzzled to understand. We are taught in fact that the more pedunculated fibroid tumours of the uterus become the less dangerous they are. Dr. Barnes says he has known them to acquire a pedicle so long that the tumour could be grasped in the hand through the abdominal wall, and be moved freely about, only restrained by its mooring to the body of the uterus, which is the counterpart of my case. Further he says when in this condition the subject may go through pregnancy and labour quite unaffected. By no author in fact with which I am acquainted is simple pedunculated fibroid looked upon with much disfavour. Prof. Turner as quoted by Dr. Barnes says, "Should a subperitoneal tumour be at-

tacked by inflammation of its peritoneal investment, and contract adhesions to surrounding parts, it is thus placed in a position favorable to become separated from the uterus. Even if the tumour were to attach itself to a fixed part, as the pubis or other portion of the pelvic wall, and the woman subsequently become pregnant, the growing uterus gradually rising into the abdomen, might exercise such an amount of traction upon the pedicle as to attenuate it even to complete separation." Such, according to these eminent authorities, seem to be the most serious consequences likely to accrue during the process of separation of these subperitoneal growths.

The only explanation I should attempt for the occurrence of peritonitis in my case is this: the tumour may long before have formed rather firm attachments to one or more of the surrounding viscera, and as the body of the uterus enlarged and appeared above the pelvic brim it would drag on the pedicle in an upward direction. The growth, meanwhile, unprepared for separation, would be forcibly torn from its new relations producing lacerations more or less extensive of adjacent structures, which in their turn would be followed by minute bloody extravasations and then peritonitis.

Lastly with regard to treatment, the question might well be asked would the production of premature labour in this case have been a justifiable operation in the face of the existence of peritonitis, and in the event of its successful accomplishment might the cause of the inflammation have been removed, and the parts restored to something approaching a normal condition? This point I prefer submitting to discussion.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

Case of Stone in the Bladder.—Severe affection of the bladder—Lithotomy—Death. Under the care of Dr. Ross; reported by Mr. H. A. EBERLE.

J. L., aged 60, was admitted into the Montreal General Hospital Nov. 8th, 1875. Is a rugged, well-built, stout man, rather below the medium height. Has an oblique inguinal hernia on the left side, and had an attack of primary syphilis seven years ago. Otherwise has been perfectly healthy.

Two years ago he first noticed, when the desire to void urine came on, that he had to hesitate before the flow would begin. This was accompanied with a scalding sensation. The necessity for rapidly obeying the impulse now became manifest, as also a more frequent desire to evacuate the bladder. Shortly after this feeble power of control began, there appeared blood in his urine. This bloody discharge did not last long, but it returned occasionally, and during its continuance he suffered much pain. Hæmaturia was noticed by him for the last time about six months ago; since then he has not been able to retain his urine longer than half-an-hour. Most severe pain attended each micturition, chiefly when the last drops were being expelled. He referred the pain most usually to the glans penis, and during the seizure would grasp the penis with a view of alleviating the pain. He complained also of much uneasiness in the bladder itself. No history of retention of urine could be ascertained. There is decided tenderness over the hypogastric region, most marked on the left side, extending thence into the left iliac region.

On admission, a rectal examination was made by Dr. Ross, when it was found that there was very considerable enlargement of the prostate gland, which appeared tender

to the touch. A full-sized, short-curved, steel sound was next introduced into the bladder with little difficulty, considering the size of the prostate gland. In consequence of the severe pain attending the passage of the instrument and of the complete emptiness of the bladder, no evidence of a stone could be made out.

Nov. 10—The desire to evacuate the bladder is much more frequent—every quarter hour,—and the pain attending each micturition is intense, shooting towards the lateral pelvic region. Was ordered the following ℞: Pot. Acet. ʒiv., Tr. Hyoscy. ʒvi., Aquæ Camph. ad ℥vi.—Tablespoonful every three hours.

Nov, 11—The urine was of a light yellowish color—alkaline, and on standing deposits a moderate sediment of a grayish white color. Under the microscope there was found chiefly mucus and pus cells, and a few phosphatic crystals.

Nov. 12—Another examination was conducted by Dr. Ross, the patient having been anæsthetized for the purpose. A moderate quantity of urine having been previously retained facilitated the exploration. The existence of a calculus was clearly shown by the sound; it was readily felt by the operator, and the peculiar click could be distinctly heard a few feet distant. A lithotrite was introduced, and the stone grasped and measured, its length being 1½ inches. Opium suppositories were ordered to be administered, and hypodermic injections in addition, if required, to allay pain.

Nov. 13—Bowels not been opened since his admission, was ordered Castor Oil ℥iss., followed by a simple enema three hours after. Has frequent desire to void urine, but scarcely an ounce comes away, and in it a quantity of blood. Pain most intense, over the pubic region.

Nov. 14—Bowels moved slightly; urine being retained was drawn off with the catheter, was pale yellowish, tinged with blood and offensive. A second enema administered to which was added Castor Oil ℥ii.

Nov. 15—Lower abdominal zone tender on pressure. Small quantity only of urine was passed unassisted. Was ordered fomentations to abdomen. Appetite good; no fever; pulse strong, 66 per min. It was now decided by Dr. Ross, with the advice of several of his colleagues, to perform Lithotomy. It was the opinion of all who saw him that the case was more suitable for this than for Lithotrity. The chief objections to the latter operation were, the great sensitiveness of the urethra and bladder, as shown after even the most careful explorations; the very considerable enlargement of the prostate gland; the evidently diseased condition of the bladder, and perhaps parts around it, as shown by the tenderness of that region.

Nov. 18—Rested badly the previous night. Bowels opened well; stools dark and offensive. Pulse 68 per min. The *lateral operation* for lithotomy was performed by Dr. Ross, assisted by Drs. Campbell (Dean of the Faculty), Fenwick and Roddick. The usual preliminaries having been gone through, and the patient being under æther, Dr. Ross introduced the grooved staff, and the stone was readily touched. The staff was entrusted to Dr. Campbell. The perineum was steadied with the left hand of the operator, the knife entering a point in the raphe about an inch and a quarter in front of the anus, and an incision was carried obliquely downwards and outwards to midway between the left tuber ischii and the anus. After a few clean cuts, the left fore-finger was introduced and served as a director to divide the fibres of the levator ani muscle. By pushing through the cellular tissue, the groove in the staff could be felt. The knife, guided by the left fore-finger, was introduced into the groove of the staff, and was made to divide the membranous portion of the urethra along with part of the left lobe of the prostate. Thus a free opening was made into the bladder, from which a gush of urine followed the withdrawal of the knife. The left fore-finger was inserted through the wound into the bladder, but the stone could not be felt; this arose from the great depth of the bladder,

and from the stone lying at the fundus. The staff was withdrawn, and the forceps, with their blades closed, were introduced over the left fore-finger into the bladder. Some time elapsed before the stone could be touched, and when felt it would recede beyond the grasp of the blades. At length its position was ascertained, and on opening the blades widely the stone was seized, and was withdrawn with slow, cautious and undulating movements. There being no facets on the stone, it was concluded there was only one ; only slight hæmorrhage attended the operation. The size of the stone nearly corresponded to the measurement made by the lithotrite a few days before the operation. Its length was one inch and five-eighths, width one inch, thickness five-eighths of an inch, and it was somewhat flattened and oval shaped, weighing 3iii. A section showed it to be composed of concentric laminæ of lithic acid and phosphatic concretions surrounding a nucleus of lithic acid. The outside was studded with small beaded concretions of phosphates, giving it a rough exterior. Pulse five minutes after the operation, 120 per min. ; breathing free and easy.

After treatment.—The surface was cleansed, and all clots removed. A silver canula covered with oiled linen was inserted through the wound into the bladder, but it was not retained, as new clots formed and prevented the free exit of urine. Was ordered beef tea, small quantity of brandy and barley water.

6 p.m.—Patient slightly restless ; temp. 98.5 ; respirations 26 ; pulse 90. The urine trickles freely through the wound.

Nov. 19—More restless ; complains of pain in the left pubic region ; skin dry ; heart's action regular ; pulse 102 ; temp. 98.5. The urine passes freely through the cut. He refuses his diet ; is taking morphia in moderate doses.

9 p.m.—The urine ceased its flow through the wound. Patient subsided into a sleep which lasted two hours ; temp. 101. The House Surgeon, Dr. Cline, passed a large gum elastic catheter through the wound, and retained it there.

Nov. 20, 6 a.m.—Pulse 130; temp. 99.6. No urine oozes through the incision. Patient deeply comatose; breathing stertorous. The elastic gum catheter having slipt, was re-introduced into the wound, and a few ounces of offensive urine mixed with blood flowed out. Hot fomentations were applied over the abdomen.

1 p.m.—The face pale and pinched; heart's action exceedingly rapid, weak and irregular. Pulse 122; respirations 35; temp. 101.4. Complete coma; pupils dilated.

2.30 p.m.—Patient died, just forty-eight hours after the operation.

Autopsy, made twenty hours after death.—Cadaveric rigidity well marked. There was considerable hypostatic congestion of the lower lobes of the lungs. There was slight hypertrophy of the left ventricle of the heart. The valves were healthy and competent. The lining membrane of the aorta showed signs of commencing atheromatous degeneration. The liver healthy looking, and its weight 3 lbs. 14 oz The spleen was about the usual size, but its capsule was greatly thickened and rough. The intestines were extensively glued together, giving evidence of chronic peritonitis; there were no signs to indicate recent peritonitis; old adhesions were found between the intestines and the peritoneum, bladder and liver. The kidneys were of normal size, a section showed deposits of fat about the pyramids; intense congestion of the lining membrane of the pelves of the kidneys, with numerous spots of ecchymosis beneath it, especially in the left kidney; the capsule was not adherent nor thickened, but could be easily torn off. On examining the roof of the pelvis, it was found that the portion to the left appeared prominent. This by dissection proved to be an abscess lying between the peritoneum and the left superior angle of the fundus of the bladder. It was about the size of a hen's egg, with very thickened walls, and evidently of old standing, and contained a few teaspoonfuls of dirty sanious matter.

The bladder was much enlarged, measuring five inches in depth, and its coats enormously thickened. In the substance of the anterior wall of the bladder, under the pubes was found another small abscess about the size of a hazel nut. The mucous membrane was deeply congested, and in some parts greyish in color. The peculiar prominent appearance of the muscular bands resembling the chordæ tendineæ was very well marked. Prostate gland much enlarged, the lobe about half divided through by the incision. Neck of the bladder also divided by the same.

Reviews and Notices of Books.

The Cholera Epidemic of 1873 *in the United States*: The introduction of epidemic Cholera through the agency of the Mercantile Marine; Suggestions of measures of prevention by JOHN M. WOODWORTH, M.D., Supervising Surgeon U. S. Merchant Marine Hospital Service. Washington: Government Printing Office, 1875.

The above work is a very valuable one from containing a large accumulation of facts concerning one of the most formidable diseases that the medical practitioner is called upon to cope with. These facts—arranged and digested so as to form a reliable body of evidence—were derived from a close observation of the numerous cases of this disease that prevailed during the last epidemic which spread through the neighbouring States. The supervising Surgeon, Dr. Woodworth, addressed a circular to leading Physicians in various parts of the Union, soliciting information upon the various points connected with the Clinical History, sanitary circumstances and upon such others as might throw light upon the introduction or extension of

the Epidemic. In reply he obtained communications from 84, which embraced reports of the disease as it appeared in 130 different localities. These have been used as the material from which the present treatise has been produced. Out of them a very carefully prepared history has been written by Dr. E. McClellan, Assistant Surgeon U. S. A. The volume is still more interesting and important from its also containing a "History of the travels of Asiatic Cholera," by the same gentleman and Dr. Peters of New York, and a "Bibliography of Cholera," by Dr. J. S. Billings, Assistant Surgeon, U. S. A. We have much pleasure in adding that the manner in which these gentlemen have severally executed their labors reflects upon them great credit. Their ability and pains-taking are clearly palpable throughout. And the result has been the joint production of a store-house of useful data,—which cannot be elsewhere had collected as they have been here,—and which all will find most serviceable, and easily available who desire to search into the peculiarities or literature of Cholera.

We ought to mention that the value of the publication is materially enhanced by illustrations, chiefly maps of infested localities, representing the course pursued by the Epidemic while spreading through a town or from place to place.

Lest our readers should imagine that the work is one merely of local interest, we may add, to undeceive them, that the second part which comprises "The travels of Asiatic Cholera," is a history of the disease from the earliest periods when it was identified down to recent times. And this history is distributed over 7 chapters, taking up 63 pages. And finally to this is appended a chapter on Cholera in India.

In conclusion, we have to thank our friends of the Supervising Surgeon's Department for their kindness in forwarding us a copy of this official treatise which will be

found, when wanted, a most valuable reference and authority for matters of fact upon the history of Cholera.

The Physician's Visiting List for 1876, being the twenty-fifth year of its publication. Philadelphia, Lindsay & Blakiston.

This useful little book comes to us in all its customary excellence, and we have, after twenty years trial, become so wedded to its use that we would willingly give two or three times the price asked. It is arranged for twenty-five, fifty or one hundred patients, and contains an Almanac. Table of signs, Marshall Hall's ready method in asphyxia, Poisons and their antidotes, a table for calculating the period of utero gestation, besides the blank leaves for the daily visiting list, monthly memoranda, addresses of patients and other names and addresses, Accounts asked for, memoranda of wants, Obstetric engagements, Vaccination engagements, Records of Births Deaths and general memoranda. We cordially recommend it as an indispensable necessity to every physician. It is to be had of Dawson Bros., St James street.

Cyclopedia of the Practice of Medicine, edited by Dr. H. Von Ziemssen, Vol. X.—Diseases of the Female Sexual Organs by Prof. Carl Schroeder of Erlangen, Bavaria, illustrated by 147 engravings on wood; translated from the German by Albert H. Burk., M.D., New York, editor of American edition. 8 Vo. pp. 575. William Wood & Co., 27 Great Jones' Street, New York, 1875.

During the last few years Gynœcology as an art, has made considerable progress, but the several workers in the field of observation are bringing into greater prominence the physiological and pathological bearing of the subject. It is somewhat disheartening to view the con

flicting opinions of different authors on points on which they should agree. Still in comparing their observations, they appear to differ on trivial grounds. Some seem to give their faith on mechanical alterations in shape as giving rise invariably to uterine symptoms. Others regard inflammation of the body or lining membrane as the origin of all uterine disorder. Whilst some insist on uterine irritation, or subinvolution or defective ovulation. In this treatise, however, we have very much of the pathological conditions met with and less of the more practical part so that it in some measure fills a hiatus, which has long been felt to exist. The author gives in few words a sketch of the history of gynœcology, pointing out the introduction by Lavert, of the Uterine Sound, which is still an instrument of great value, one perfectly indispensable to the practical man, although he declares that it has been superseded in a great measure by bi-manual palpation. In speaking of the position of the patient in examination, the author remarks that the "lateral position for the purpose of digital examination should be abandoned;" he prefers the examination with the patient on her back, for which purpose he specially recommends an iron chair. In this we can hardly agree, as under certain conditions we think the lateral method gives the examiner a better chance of ascertaining all he requires to know, and certainly it is quite as convenient a position for examination with the speculum as with the patient on her back. He shows, however, the importance of conjoined examinations, and also speaks of the necessity of examination per anum, which will often reveal conditions which are not to be made out through the vagina. In speaking of examination by the rectum, the author says: "The well-oiled hand is gradually passed through the anus—first two, then four fingers are introduced, and finally also the thumb is passed in with a rotary dilating motion. If the cutaneous margin of the anus threatens to tear, it is better to incise it at once, in one or more places." This appears to be un-

necessarily severe, and we should fear might add to the risk of tearing. Rupture of the bowel has, moreover, occurred in cases where the whole hand has been introduced. The author certainly explains that the lower part of the rectum is loose, and will admit of considerable distention, still we believe that it is only in very obscure cases indeed where such a measure should be attempted. In speaking of the speculum, the author says: "If the object is to expose the whole upper portion of the vagina, for the purpose of clear inspection, or of an operation, we confess our preference for the specula of Simon." Simon's speculum is a modification of that of Sims, and requires for its use the aid of two assistants.

After giving a general view of the various methods of examination, the author proceeds to diseases of the uterus. He next discusses menstruation and its derangements, Diseases of the Fallopian tubes; diseases of the ovaries. He then passes on to diseases of the uterine ligaments and adjacent portion of the peritoneum, then to diseases of the vagina and of the vulva, terminating with a description of rupture of the perineum and the best method of relieving that condition by the operation of perineoraphy. The work is illustrated by 147 most excellent engravings. The finish of the work is of superior excellence, clear and well impressed on good paper, it is a credit to the publishing house of Messrs. Wood & Co., and we heartily recommend it to our readers. It must be born in mind that these volumes are not to be obtained singly, and although this is volume X of the Cyclopedia, yet it is the fourth issued from the press. The entire series will form a most valuable work of reference, one which few real students can afford to be without.

Periscopic Department.

SURGERY.

A Case of Bifurcated Foot With Eleven Toes. By GEORGE J. BULL, M.D., of Worcester.

The following case of congenital malformation of the foot and leg derives additional interest from its extreme rarity. It furnishes an example of the anomaly known in Geoffroy Saint-Hilaire's classification as "bifurcated hand or foot," a deformity not uncommon in the hoofed mammalia, but so rare in man that Saint-Hilaire never found mention of a single well-authenticated case.[2]

A girl was born in Worcester on the 5th of May, 1875, healthy and apparently well formed, except in the left inferior extremity. Her left foot presents the heretofore

unheard-of number of eleven toes, and in its general appearance may be compared to a double or cloven foot. It has only one heel, but in front consists of two parts, which

1 Extract from a paper read before the Worcester District Medical Society, July 14, 1875.

2. Histoire des Anomalies, 1832, i. 694.

we may call the anterior and posterior feet. The anterior presents the great toe with four smaller toes, naturally placed and of normal proportions, but is twisted downwards and inwards in the position of extreme talipes equino-varus. Several pits or depressions over the tarsus mark the position of interspaces between the bones, and show the extent of the inversion, which is further shown by the fact of the inner border of the foot pressing against the heel. Continuous with the outer edge of the anterior foot, and curving beneath it, is the posterior part, looking not unlike a second foot, and furnished with six well-formed, small toes, situated directly below the other five. The plantar surfaces of the two sets of digits face each other, and are separated by a groove, which, beginning between the little toe of the anterior foot and the adjoining one of the supernumerary set, grows broader and deeper as it proceeds inwards, and, winding around the metatarsal bone of the toe, is lost in the furrow between the heel and the inner border of the anterior foot. The two feet are thus quite distinct at the phalanges, and their plantar surfaces are more or less free, that of the anterior foot being visible as far back as the first metatarsal bone, while that of the posterior foot is almost all to be seen, and terminates so naturally on the heel that it is difficult to say to which foot the heel more properly belongs. The eleven toes are perfect in form; none of them are webbed. The great toe and four smaller toes of the anterior foot are normally proportioned; the little toe is the exact image of the first toe of the supernumerary set which adjoins it; the second is the longest of the six, but does not at all resemble a great toe; the third and fourth are equal in length, the fifth and sixth are shorter, as are the outermost toes in the normal foot. The six extra toes remain almost without motion when the normal toes are flexed and extended, but they appear to have distinct metatarsal bones, and perhaps two or more bones of their own in the tarsus. Passing upwards we find the left leg and thigh much thicker than the

right, but in length the two sides are equal. The difference in size may be seen in the following measurements :—

	Right Side.	Left (abnormal).
The circumference of the upper part of the thigh measures	7½ inches.	9¼ inches.
" " " thigh just above the knee	6½ "	7½ "
" " " knee	5½ "	6½ "
" " " leg immediately below knee measures	5¼ "	5½ "

There does not appear to be any unusual development of bone, but there is evident muscular hypertrophy. When the knee is partly flexed a rigid cord or tendon may be felt in the position of the outer ham-string, passing back of the knee, where it stands out prominently beneath the skin, and is continued downwards behind the fibula almost as low as the os calcis. The left labium majus has been twice as large as the right ever since birth. During the mother's pregnancy nothing remarkable happened, nor has anything been discovered to account for this strange malformation. I would, however, briefly call attention to the fact of the occurrence of this double deformity on the left side, the right being normal. Dr. Little [1] has remarked that congenital club-foot, as well as the deformity occurring after birth from disease of the nervous system, attains oftener a higher grade on the left than on the right side. I have not had an opportunity of verifying this statement which refers to club-foot only, but I have observed a remarkable tendency in polydactylism to affect the left side more than on the right. The malformation is altogether confined to the left side in the case above reported, and in an analogous case of bifurcated or double hand described in the forty-sixth volume of the Medico-Chirurgical Transactions, page 29, we find the same peculiarity in a case [2] in which the left foot presented nine toes, but no deformity existed in the other. In the *London Medical Gazette* [1] a supernumerary toe is mentioned as occurring on the left side of the foot of a boy, other members of whose family were deformed in like manner. Mr. Sedgwick re-

1. Holme's System of Surgery, 1862, iii. 567.

ports [2] the case of a girl who had a complete supernumerary finger attached to the outer side of the first phalangeal joint of the left little finger; the child's father, paternal grandmother, and paternal aunt had precisely the same deformity. Another case [3] related by Mr. Sedgwick consisted of double last phalanx on the left thumb of a boy whose maternal grandfather's great-nephew had exactly the same deformity. We find mention [4] also of a boy presenting six toes on the right foot and seven on the left, his hands being similarly malformed. His mother, sister, maternal uncle, and maternal grandfather had the same number of toes and fingers. In Amsterdam a monster, drowned by its parents, had eight toes on the right foot and nine on the left, besides many other malformations. An extended search among the records has discovered many cases of supernumerary digits similar to those already cited, but only a single case [5] where the digits were more numerous on the right side than on the left. I infer, therefore, that polydactylism generally affects the left side in preference to the right.

Mr. Adams has remarked [6] that occasionally we observe an excess or deficiency in the number of toes associated with congenital varus. Tamplin [7] has made a similar remark, and has given an illustration of a case of double talipes varus in which the right foot presented a bud-like projection on the little toe, while the left had six well-developed toes. We observe the association of congenital varus and supernumerary toes in the case of bifurcated or cloven foot, and we now find a further relationship between these deformities, inasmuch as they each attain oftener a higher grade on the left than on the right side. Whatever may be a true explanation of these facts, they show an especial tendency to deformity on the left side of the body, the side known to be the weaker one in the great majority of men.—*Boston Medical and Surgical Journal.*

2. Transactions of the Pathological Society of London, ix. 427.

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1 December 15, 1832, page 361.
2 British and Foreign Medico-Chirurgical Review, April, 1863, page 463
3 Op. cit., page 462.
4 London Medical Gazette, April 12, 1834.
5 Broadhurst on Deformities, 1871, page 57.
6 On Club-foot, page 210.
7 On Deformities, page 69.

CANADA

Medical and Surgical Journal.

MONTREAL, DECEMBER, 1875.

ACTION OF THE LARGE INTESTINE.

It has always been a matter of considerable interest to Physiologists, as well as to practitioners, to determine accurately the part played bythe large bowel in the digestion and absorption of food. The positive knowledge possessed on the subject has not been very great, the general opinion among Physiologists being that no active digestive process went on in this portion of the intestinal tract, but absorption of fluids continued as in the small bowel. Within the last few years several able papers have occurred on the subject in German periodicals, and the experiments made upon man and the lower animals, have all tended to confirm the above opinion. In one of the last numbers of Virchow's Archives (Bd. lxiv. Hft. iv.) Dr. Max Marckwald records a series of observations made upon a case that afforded the greatest facilities afforded on the human subject for obtaining definitive information on this point.

The patient, a man of 49 years of age, had suffered since childhood with a right scrotal hernia. Having become strangulated it was operated upon, but as a portion of the bowel presented a gangrenous appearance it was not returned, and in a few days sloughed away forming an unnatural anus in the region of the right groin. The anatomical situation of the fistula was ascertained to be in the cæcum probably at its junction with the ascending colon as by drawing out the lower portion, the ileo-cæcal valve could be

seen, through which the fæces flowed, and lower down the orifice of the processus vermiformis. The whole extent of a perfectly normal large intestine in a tolerably healthy man—for he had recovered perfectly—was thus completely isolated, and presented a much more favorable condition for experiments than had yet been afforded in the human subject. In previous cases of the kind only small pieces of the bowel, usually the lower part of the colon and rectum have been experimented upon. The general results of the experiments as regards digestion are as follows: neither outside the body, nor in the bowel itself, has the intestinal juice any action upon starch—it possesses no sugar forming ferment. Artificial digestion with the intestinal juice, and raw or cooked fibrine yielded negative results; similarly egg albumen was unaltered. Introduced into the intestines these albuminous bodies appeared to remain unchanged uutil the process of decomposition began, when small quantities of Peptones, Tyrosin and Indol could be detected. That these products, which also occur in digestion, were not due to any action of the intestinal juice was evident from the foul smell, the presence of Bacteria, and, moreover, no increase in the nitrogenous constituents of the urine ever occurred until after the lapse of forty-eight hours, when decomposition set in.

As regards the absorptive powers, it was found that water was taken up slowly, and better with small quantities at a time; at least twelve hours is taken for the absorption of 250 grm. of water. When in small quantities, Peptones were absorbed; in large and concentrated masses the mucous membrane was irritated, and Diarrhœa set up. Contrary to the observations of other experimenters soluble albumen was not absorbed in this case. No experiments were made on the absorption of fat, as the patient became refractory and left the Hospital. The results obtained in these observations settle the question as to any true digestive action in the large bowel. They are more satisfactory than many others, inasmuch as the whole

extent of the large intestine could be utilized, In the main they confirm the experiments of Czerny and Tatshenberger, recorded in one of the numbers of this journal for last year. These observers found in addition that fats if previously emulsified were absorbed. The practical conclusions to be deduced from these investigations is that in cases where recourse must be had to feeding per rectum, the materials employed as food, to be of any service must either first be submitted to a process of artificial digestion outside the body, or else be mixed with digestive fluids and then injected, in which case the artificial digestion would go on in the bowel, and the Peptones or other diffusible substances be absorbed as formed. Dr. Markwald does not believe that a patient who took absolutely nothing by the mouth could be nourished for any length of time per rectum; still many cases occur, especially in surgical practice, as after operation on the pharynx and œsophagus, as well as in some transitory diseases in the upper part of the digestive canal in which the use of nutritive enemata would prove of signal benefit. Mention is made of clysters of albumen with pancreatin as offering certain advantages but unfortunately no directions are given as to thier employment.

BILL.

An Act Concerning the Medical Profession of the Province of Quebec.

We devote much of our space, and have delayed the publication of this number of our journal, in order to give our readers a translation of a bill which was introduced before the Local Legislature of the Province of Quebec, on the 25th November ult., by the Hon. Mr. Chapleau. It does appear strange that a bill of this nature, which is in its bearing an act of revolution, should have got so far as to be introduced before the Legislature of this Province, without a single member of the Profession, except, indeed,

the promoters of the bill in question, having heard even of its existence. We do not believe that the Legislature of this Province will pass the bill, without its being fairly submitted to the members of the Profession, who are a corporate body, nor until an expression of opinion has been received from that body. A change of this nature, affect the constitutional rights of an incorporated body of men like the Physicians and Surgeons of this Province, ought not to be hurriedly dealt with. If this bill should be passed into law, without being submitted to the various corporations whose rights and privileges will be seriously affected by its provisions, we fear the Legislature would be open to a charge of malfeasance.

We do not know who are the promoters of this bill. We have been told that some half-a-dozen or more medical men in this city, retained an attorney and had the bill drafted, and that it was then given to Mr. Chapleau, who understood that it emanated from a recognized body of practitioners in this Province. We may inform that gentleman that on the evening of Monday, 22nd November, a large and full meeting of the Profession was held in the rooms of the Natural History Society of Montreal. The object of that meeting was to consider the provisions of a bill which had been drafted by a committee of the College of Physicians and Surgeons, and which was to have been discussed at Quebec on the following day, at a special meeting of the College. Judge of the surprise of some of the members who attended the meeting at Quebec, held in the Laval University on the 24th ultimo, when they learned that a bill, which no person had seen or even heard about, was before the House, or about to be introduced.

We will not express any opinion concerning the bill, but simply submit it to the Profession, with an earnest hope that all will read it over carefully. We submit the bill to the Profession, in order that it may be freely and impartial discussed. Any opinions that may be formed, provided

they are pertinent and within reasonable compass we shall cheerfully insert in our next number. We may observe, however, that this bill appears to lack conciseness and simplicity—but then, it was drawn up by an advocate! The gentlemen of the long robe are so accustomed to quibbling and being bothered in wordy argument by an antagonist, that in framing a law they endeavor to stop all gaps, so as to prevent, if possible, the proverbial coach and six being driven through their act unannounced. And, concerning the promoters of the bill, we may add that they need not have tried to do this thing in a corner; the bill is intended to be a Public Act, and before passing into law must become public property. We merely allude to the fact, as we hold that in matters of this kind, as in all other transactions, a manly, straightforward, honest and open way of dealing will not only command respect, but will be more likely to be attended with success.

BILL

An Act concerning the Medical Profession of the Province of Quebec :

Considering that it is expedient to repeal and amend the acts concerning the Medical Profession of the Province of Quebec; to this end, Her Majesty by and with the counsel and with the consent of the Legislature of Quebec, decrees as follows:

I. The physicians, authorized, at the time of the passing of the present act, to practice Medicine, Surgery and the Obstetric Art, in the Province of Quebec, shall form a civil corporation under the name of "The College of Physicians and Surgeons of the Province of Quebec," and the said corporation shall be divided into two sections as follows, to wit: one section for the old district of Montreal, comprising, also the old district of St. Francis; and one section for the old district of Quebec, comprising also the old district of Three Rivers and Gaspe.

II. The said corporation shall have power to prosecute and to be prosecuted in all the courts of justice of the Province of Quebec, to acquire property moveable and immoveable by purchase, gift, legacy or otherwise to the value of twenty thousand dollars; and each of the said sections shall have power also to prosecute and to be prosecuted separately in courts of justice of the Province of Quebec, under the name of "The College of Physicians and Surgeons of the Province of Quebec" section of Quebec (or Montreal), for all affairs concerning each of the said sections in particular, and to acquire property moveable and immoveable to the value of twenty-four thousand dollars.

2. All actions directed for or against each of the said sections respectively shall only affect the section concerned, and in the case of suits to be instituted against the said corporation or against any of the said sections, the notification delivered at the residence of the Secretary-treasurer of the General Council mentioned below, or at the residence of the secretary of the section interested, shall be a lawful notification.

3. The corporation, whose powers are exercised by the General Council, shall have power to prosecute each of the said sections of the college, to recover all sums due to the said corporation by such section, and if, on the report of the execution of the judgment rendered in such prosecution it has not been satisfied by the payment of the debt in capital and with the cost, the General Council convened for that purpose, shall have power to suspend such section until the payment entire and final of the amount due in capital with interest and costs.

In the case of suspension the members of the section thus suspended shall continue to pay their subscription into the hands of the secretary and treasurer of the General Council who shall administer the affairs of the suspended section, and the General Council shall be invested with all the powers, privileges and attributes pertaining to and conferred by the law on the said section till the causes of the suspension have ceased.

4. The said corporation and each of the said sections shall have a common seal bearing for inscription that of the Corporation : (" College of the Physicians and Surgeons of the Province of Quebec"), and for that of each of the sections ; (" College of Physicians and Surgeons of the Province of Quebec,") section of

5. The members of the said Corporation shall not be personally responsible for the debts contracted by the Corporation or either of the said sections.

III. The Corporation shall have power to make the rules and regulations which it shall judge necessary for the interior discipline, and the honor of the members of the College,—to regulate the admission of aspirants to study or practice of medicine,—for the administration of its property,—to regulate a uniform tariff of fees for prescriptions, visits and professional attendance,—for all that relates to the general register and its publication, and to demand a fee from every member who shall ask the insertion of his name on the register after its publication,—to regulate the procedure in the case of suspension of a member of a section, in order that the General Council may have power to carry into effect the said judgment of suspension, and generally all the rules and regulations of a general interest for the Corporation and its members to assure their execution, which rules and regulations it shall have power to change, alter, modify and repeal whenever it shall deem expedient

2. These rules and regulations shall not be contrary to the dispositions of the present Act, and shall be transmitted on their passing to the Secretary of each section, and shall have the force of law, from the time of that transmission.

IV. The powers conferred on the Corporation by the present Act shall be exercised by a General Council composed of the President and the Vice-President, elected by each of the said sections, who shall name and choose from themselves a President, and shall choose also at their discretion from the members of the sections which they represent, a Secretary, who shall at the same time be Treasurer of the said General Council and shall form part of it.

2. The quorum of the said Council shall be three members.

SECTION COUNCILS AND THEIR OFFICERS.

V. The Council of each Section shall be composed of a President, a Vice-President, a Syndic. a Treasurer, a Secretary, and of eight other members for each of the Sections of Montreal and Quebec respectively; and the majority of each of the said respective Councils shall form a quorum, and all questions submitted to the said Councils shall be decided by the majority of the voices of the members present including the President.

VI. The first meeting of the Section Councils shall be presided over by the oldest Physician of the Section, by the date of his reception of such, then present, who shall have the casting vote; and all the other meetings shall be presided over by the President, and in his absence by the Vice-President. or in his absence by any other member chosen by the meeting.

VII. The election of the Section Council shall be made by ballot, the first Wednesday of July every year, unless this day be Sunday or a legal holiday, then the day following :—and the Council shall assume its duties immediately.

2. No such election shall take place if there are not at least thirty members of the Section present at the meeting, and in case, from want of a quorum, or from any other cause, the election cannot be held on the day fixed, it can be held at any other meeting specially called by the secretary, or in his absence by the Syndic, on the order of the president retiring, or on the requisition of ten members of the section;

3. The quorum of all the regular meetings of each section shall be fifteen.

VIII. A meeting of the section shall take place regularly every six months at the room of the Council of the Section on the days fixed by the regulations which the said Council respectively shall make;

2. Special meetings may take place and be called by the Secretary, or, in his absence, by the Syndic, on the order of the President, or on the requisition of ten members of the Section.

IX. The Section-Council shall put into execution, in the extent of their respective Sections, and independently of each other, the rules and regulations made by the General Council, and shall have power to make such rules and regulations as they shall judge necessary;

1. For the acquisition, disposition and management of the property of their respective Sections;

2. To regulate the time and place of meeting of the respective Sections and the manner of proceeding at them.

3. And generally all the regulations concerning the affairs peculiar to these Sections;

4. The said regulations shall not be contrary to the dispositions of the present Act, to any of the rules and regulations made by the General Council, nor to any law in force in the Province of Quebec.

X. The Council of each Section shall have, in and with respect to its Section, the power: Firstly,—For the maintenance of the discipline and the honor of the body, and according to the gravity of the cases, to pronounce by the voice of its President censure and reprimand, to any member guilty of any infraction of discipline, or of any action derogatory to the honor of the College, and to deprive such member of the deliberation voice and even of the right to be present at the meetings of the Section, for any term according to the discretion of the said Council, not exceeding four years, and shall have the power also, according to the gravity of the offence

to punish such member by suspension of his functions for any term at the discretion of the said Council, not exceeding five years, subject to appeal to the General Council only such as prescribed below;

Secondly.—To prevent, conciliate and regulate all difficulties between the members of the Section, concerning professional matters;

Thirdly.—To prevent, hear, conciliate, regulate and decide all complaints on the part of third parties against the members of the College of such section, having for their object professional duties and matters, and which would react in a derogatory manner to the honor or contrary to the discipline of the college.

Fourthly.—To admit on the report of Boards of Examiners, aspirants either to the study or to the practice of medicine, and to decide on their capacity and morality.

Fifthly.—To represent the members of the college, at all times that the interests or duties of the profession necessitate it.

XI. The Secretary of each Section shall report carefully the deliberations and proceedings of the meetings of the council of the section, of which he shall keep a minute in a book for this purpose; and he shall be the guardian of the archives of his section, which shall be deposited in a safe place, determined by the Council of each Section;

2. He shall deliver the records, certificates and other papers which may be required, and such records, signed and certified by the Secretary, and sealed by the seal of the Section, shall be admitted and received as authentic evidence in all the Courts of Justice in the Province of Quebec.

XII. The Treasurer of each Section shall hold the cash of his Section; shall receive and pay all the sums of which the receipt and expenditure are authorized, and shall render account of his administration every year at the meeting held for the election of the Council, and at any time that it shall be required by the Council.

XIII. In case of absence, sickness or death of any of the officers of the Council, they shall be replaced as follows: The President by the Vice-President, and the Vice-President by the oldest member of the Council, according to the date of his admission into the profession, and the other officers shall be temporarily chosen by the Council, and in case of absence, sickness or death of any of the members of the Council, the Council shall have power to replace them in the same manner, by as many other members chosen from the members of the section.

XIV. The President of each section shall have the right to vote, and also shall have the casting vote in all the meetings and deliberations, either of the council or of the members of the section; the President and Vice-President of each section shall have power to call special or extraordinary meetings at any time that he shall judge it proper; he shall scrupulously look after the keeping of the rules and regulations, and the maintenance of order at the meetings; he shall have power to call to order those who are out of order and even to reprimand them.

MEETINGS OF THE GENERAL COUNCIL.

XV. In the months which shall follow the Annual Elections of the Section-Councils, the Presidents and Vice-Presidents of these councils shall meet alternately at Montreal and Quebec, the first meeting being held at Montreal, to choose from themselves the President, and from the members of the different sections, the Secretary-Treasurer of the General Council of the Corporation, and also to make the rules which they are authorized to make by the third Section of the present Act

2. The quorum of the General Council shall be the majority of the said Council, and every question brought up shall be decided by the majority of the members present.

XVI. The duties of the Secretary-Treasurer of the General Council shall be, with respect to the General Council and Corporation, analogous to those of the Secretary and Treasurer of each section with respect to their section; and all records of minutes of proceedings of the said Council, certified by the Secretary-Treasurer of the Council under the seal of the Corporation, shall be received as authentic evidence in all the courts of this Province.

XVII. The President of the General Council shall have the right to vote and shall also have the casting vote in all the deliberative meetings of the General Council,

ACCUSATIONS AGAINST MEMBERS OF THE COLLEGE.

XVIII. In all cases in which a member of the college is accused of any offence and of any contravention of the dispositions of the present act before the Council of the section to which he belongs, the accusation shall be decided as to his being guilty or not guilty by the absolute majority of the members of the Council of the Section,

XIX. The manner of procedure in all accusations brought by the Syndicate is as follows:

2. Each time that the Syndic may receive on the oath of one or several trustworthy persons (an oath which he shall administer), a complaint against one of the members of his section, affecting the honor, dignity, interests and duties of the profession, he shall without delay submit the said complaint to a meeting of the Council, specially convened for this purpose, and if the Council judge that there is matter for investigation, it shall order the trial of such member;

3. The Syndic shall then write out the accusation in the form of schedule No. 2, here annexed, which shall be sent to the Secretary, who shall have a copy made of it which he will certify, and send to the accused, with an order in the name of the President of the Section, commanding the accused to appear in person before the Council on the day, place and hour fixed in the said order;

4. The notification of trial and order to appear, shall be made through the agency of the bailiff of the Superior Court, and the said bailiff shall report on his oath of office such notification;

4½. It shall not be necessary for the accused to appear;

5. All the proceedings relative to the accusations brought before the Section Councils as above mentioned, shall be by writing, and at the time of the examination of the respective parties, these last shall be obliged to furnish a clerk to take detailed notes of the evidence heard, which notes and proceedings and every copy of them shall be received as authentic testimony before the General Council and in all the courts of justice of the Province of Quebec, and all these papers shall be united in one bundle, so as to be sent to the General Council in case of appeal, and to be sent back to the Section Council after the final judgment;

One or several members of the Section Council shall have power to receive evidence in any case, and all objections to the evidence or to part of it, shall be reserved or determined by the said member or members sitting, subject to revision by the said Section Council.

Commissioners of Enquiry chosen from the members of the profession may be named by the Section Council in any part of this Province, within

ten leagues of the limits of the section in which an accusation is pending, to receive evidence for any such accusation, and the said Commissioners shall have for this purpose the same power as is conferred on the President and in the members of the Section Council, including the power to summon witnesses, and in case of their refusal to report it to the President in order that this last may proceed against the witness.

Every member accused shall have power, if he judge proper, to offer his own evidence on the complaint made against him.

6. The General Council shall determine by its regulations the manner in which the proceedings relative to the accusations shall be conducted before the Section Councils.

XX. Each Council shall have the right to require, by subpœnas in the form of the schedule No. 4, annexed, in the name of the President, under the seal of the Section, and signed by the Secretary, the presence of witnesses before it, and it shall have the same powers to compel them to affix and give their depositions as the Civil Courts of the Province of Quebec have; and the subpœnas or other processes required in virtue of the present Act, shall be delivered by the bailiff of the Superior Court; and every President or other person presiding over the Council during the trial, shall have the same power to impose fines on the witnesses for not appearing, and to order imprisonment as for contempt of Court, as any Judge in any Court of Justice in the Province of Quebec.

XXI. The Secretary, or any other member of the Council of the Section shall administer to the witnesses, or to any other person, all the oaths required by the present Act; and any person guilty of false declaration, in any oath required by the present Act, shall be guilty of perjury and punished by the penalties established by the law against perjury.

XXII. Any member accused as above shall have power to defend himself by counsel or solicitor.

XXII½. The council shall establish by the judgment to be rendered in the said trial, which partly shall pay the costs, and shall have power to divide them or accord them to either party and shall settle the amount of them. The party to whom the costs shall be accorded, shall have this judgment registered in the registers of the Superior Court of the district in which the condemned party resides, paying one dollar to the prothonotary for that and on production by the said party of a præcipe, under the signature of the syndicate of the Section whose council has heard the complaint, there shall issue from the said Superior Court in the ordinary manner, a brief of execution, not only for the costs thus accorded, but also for the costs of execution and for the fee paid to the prothonotary as above mentioned. The party in whose favor the costs shall be thus accorded, shall have furthermore the rights to all the costs occasioned after the execution, and shall have power to recover them in the same manner as above prescribed. There shall be in like manner judgments rendered on the appeals brought before the General Council, provided always that the corporation of the College be not held accountable for these costs any more than the Sections.

XXIII.—Any member accused who shall consider himself wronged by the judgment, final or interlocutory, which the section-council shall pronounce on the occasion brought before it, shall not have the power to appeal otherwise than before the General Council, in the manner prescibed below, and no judgment of the Council of one of the sections rendered in virtue of the present act, shall be annulled by any other way than by the appeal mentioned in this Act.

2. In order to obtain this appeal, the wronged member shall deposit,

within thirty days of the pronouncement of the judgment, in the hands of the treasurer of the section-council, fifty dollars, which sum shall be returned to the member soliciting the appeal, if the judgment of the council is annulled or modified with the costs, but otherwise it shall pay the costs which the appeal will occasion according as it shall be determined by the judgment rendered on the said appeal, and no papers shall be sent to the secretary-treasurer of the General Council unless the deposit above enacted shall have been made, and the notice of appeal be duly given to the secretary of the Council of the section which has pronounced such judgment, and no notice shall be received before the deposit has been made; in case the appeal shall not have been lodged within thirty days of the judgment, such judgment shall be put into execution without delay.

3. The notice of appeal and the deposit shall have the effect of obliging the Secretary or any other officer of the Council of the Section which has pronounced such judgment, to send immediately to the Secretary Treasurer of the General Council, the papers of the accusation brought against the appealing member, with the notice of appeal, the certificate of the deposit, as well as the processes and copies of all judgments and orders in the case, and the Secretary-Treasurer of the General Council shall immediately place the case in appeal;

4. After the receipt of the papers, the Secretary-Treasurer of the General Council shall deposit in Her Majesty's Post-Office, free of postage, a notice of such appeal, and of the day fixed for its hearing, which hearing cannot take place before the expiration of fifteen days after the deposit of the said notice in the post; this notice shall be addressed to the member appealing, and to the Presidents and Vice-Presidents of all the Sections of the College, requiring them to be present at the day, place and hour indicated;

5. In the case of absence, sickness, or death of any of the Presidents and Vice-Presidents of the said Sections, two of the oldest members of the Council shall replace them, and the Secretary of the said Section shall deliver to these members the full power to act in the place of the President and Vice-President not acting;

6. The members of the General Council before whom the appeal shall be lodged, or the majority of them, shall have power to confirm, annul, or modify the judgment, either on account of error in the judgment, or in any interlocutory judgment or order rendered in the case, and they shall have power to pronounce the judgment which ought to be and to adjudge the costs, and in the case of judgment pronouncing suspension, to fix the date at which such suspension shall commence; and their judgment as well as the papers of the case shall be immediately returned to the Secretary of the Section from which the papers had been received, and this judgment shall be immediately registered by the Secretary and shall be considered as the judgment of the Council of the Section, just as if it had been rendered there at first;

7. A tariff of fees, payable to the members of the General Council, shall be made by the General Council, which shall determine by whom such fees shall be paid.

XXIV. In the case of suspension of a member of a Section, the Secretary of that Section shall give notice of it to the Secretary of the other Section and such member thus suspended shall not be allowed to practise in the Province of Quebec, during the term of such suspension, mention shall be made of his suspension in the General Register and in the register of the Section to which he belongs.

XXV. Any member of the Council who absents himself from any of the meetings of the said Council, without legitimate cause, shall incur a fine of one dollar for each such absence.

EXAMINATION,—ADMISSION TO STUDY OR TO PRACTICE.

XXVI. Each Section Council shall have power to make every regulation for the examinations for the study and for the practice of the profession of medicine, shall name in eight days after the general elections, a committee of 25 members of the College, of more than five years practice as physicians and not owing any arrears of subscription or other dues, and who shall not be members either of the said General Council, or of the Section Council, to examine the aspirants to the study or to the practice of the profession; this committee shall have power at each session for the examinations, to divide themselves into as many sub-committees as shall be necessary, of which not less than three members form the quorum whose duty shall be;

Firstly.—To enquire into the knowledge, capacity and character of the aspirant to the study of the profession, who shall present himself before such committees and to report to the Council of the Section which, if the report be favorable, shall give to such aspirant a certificate of his admission as aforesaid, under the signature of the President counter-signed by the Secretary, and under the seal of the Section, and in the contrary case, such aspirant shall only be allowed to present himself for a subsequent examination: it shall be the same for the aspirant to practice;

Secondly.—To examine any aspirant to practice, as to his medical knowledge and qualifications, and to enquire into his morality and the regularity of his course of study; and it such aspirant be judged to be capable and qualified, and if it be ascertained that he has conformed in every respect to the dispositions of the present act, the President of the Section, on the report which shall have been made to him in writing, shall accord a diploma of admission to the profession; which diploma shall be in the form of Schedule No. 1 annexed, and shall suffice to give to him, who shall have obtained it, the right to practice as physician and surgeon in the Province of Quebec, on the said aspirant who is thus admitted, taking a faithful oath to fulfill his professional duties; and this oath shall be administered by the Secretary of the Section who shall make mention of it in the diploma;

2. The said diploma shall be registered in the registers of the Section which has delivered it, as well as in the registers of the General Council, and the parties who obtain the diploma shall pay for each such registration the sum of one dollar;

3. Notice by writing shall be given to the Secretary of the Section, at least a month in advance, by the aspirant, that he intends to present himself for admission to study or practice, which notice shall be posted by the Secretary in the place where the meetings of the Section are ordinarily held, with mention of the day on which the examination of such aspirant shall be held;

4. The meetings for examination for the study or practice of the profession shall take place on the day and hour and in the place fixed by the regulations of the respective Sections, provided that such meetings be held once at least, every six months, and if such examination cannot take place or be finished on the day fixed, it shall be in the power of the committees for examination to adjourn from day to day till the examination of all the candidates be finished.

XXVII. No one shall be admitted to an examination for the study or for the practice of the profession, unless he has lodged in the hands of the Treasurer of the Section-Council the sums mentioned below, and no one shall be admitted to the study of the profession unless it appears to the committee which shall be appointed to enquire into the qualification of the candidate, that the candidate possesses sufficient knowledge of the English and French languages, and of the Latin language, and that he has received a liberal education in the sense of the dispositions prescribed below, and such candidate after having received the certificate mentioned in Section twenty-six, shall register his license, passed before notaries, in a register kept for this purpose by the Secretary; for such registration he shall pay one dollar for the certificate of such registration; and the time of the course of such student shall only count from the day of such registration;

2. The liberal education required for admission to the study of medicine shall comprise a complete course of classical study, as follows: Latin elements, syntax, literature, rhetoric and philosophy or any other complete course of classical study taught in colleges, seminaries or incorporated universities;

3. And any candidate to the practice or study of the profession who has been or shall be twice refused on account of immorality or bad character shall not be allowed to present himself as such again.

XXVIII. None shall be admitted as physician and surgeon, without having attained the age of twenty-one years, having been regularly to study according to the disposition of the preceding Section having studied regularly and without interruption as apprentice or student with a physician for four consecutive and entire years, and having followed a regular and complete course of lectures in a university, college or incorporated school of medicine, in which such course of lectures on medicine, and surgery is established (such course subject to the dispositions below), and taken a degreein medicine, in such incorporated university or college, and this course of lectures in medicine and surgery shall have to be followed at the same time as the student will serve his time of study under indenture with a practising physician, and these facts shall be established by the indenture of apprenticeship, the certificate of his patron and the diploma or certificate conferring the degree.

2. The General Council shall have power from time to time, to demand from all the universities, or all incorporated colleges or schools of medicine in which they shall have pretended to establish such courses of medicine and surgery, a report indicating fully the detailed programme of this course of lectures in medicine and surgery, and it shall have the power, through the *Official Gazette* of the Province of Quebec, to declare that it approves it if it is judged sufficient, or it shall have the power to report to the Lieutenant-Governor, giving previous intimation to the party interested, and to demand and obtain an order in Council prescribing such other programme as the Lieutenant-Governor in Council shall judge proper, which order shall be published in the said *Official Gazette*, and no diploma or degree in medicine shall be valid in virtue of the present Section unless it be accorded conformably to the requirements of this Section.

XXIX. No candidate shall be admitted to practice in a Section in which he shall not have studied; and if he has studied partly in one Section and partly in another, he can only be admitted in the Section in which he has studied for the last six months of his course and he shall have to produce a certificate of study from the Council of the Section in which he has made part of his course which will be given to him by the President under the seal of the Section, and he shall pay a fee of one dollar for such certificate;

2. If such candidate has been refused before a Section, or if his examination is continued, he cannot present himself immediately for examination nor be admitted to practice before any other Section than this before which he has already been examined, unless he has studied for six months since his last examination in such Section.

XXX. Nothing in the present act shall be prejudicial to the right of such student or of such person to be admitted to the practice of the profession or to claim any exemption or privilege acquired under the authority of any act in force before the present act, and any person desiring to present himself for the practice of the profession shall have power to do so at the most distant term from his course of study but he shall only obtain his diploma after his course shall have been finished entirely.

XXXI. The Secretary of each Section shall keep a register in which the names of all the students who have registered their admission, with the date of their registration, shall be written in order of date, and in which he shall write also, but separately, the names of all the members of the profession of the Section, with the date of their admission, who do not owe any arrears of subscription, and who have paid their annual subscription which has expired the first Wednesday of the July preceding:

1. And no one shall have power to practise in the Province of Quebec if he has been or if he is or if he is going to be convicted of felony or of any other infamous crime, and by such conviction he shall lose the privileges which his diploma accords to him, and any money obtained by him to account for such conviction as physician and surgeon shall be considered to have been obtained by this person under false pretences, which shall be subject to the disposition of the law in such a case:

2. The Clerk of the Crown for the Criminal Court which shall have pronounced such conviction, shall inform the Secretary of the Section in which such physician was practising, of felony or any other infamous crime, or if any of the offences mentioned in the twenty-sixth section of the ninety-second chapter of the Revised Statutes of Canada, in order that the name of such physician may be struck out of such register; and the Secretary of such section shall send to the Secretary-Treasurer of the General Council the name of the physician thus deprived of his privileges, in order that it may be struck out from the general register.

XXXII. The following fees shall be paid, besides the fees above mentioned, to the Treasurer of each section, and that before the examination of any candidate shall take place for the study or for the practice of the profession, to wit: For each certificate of admission to the study of the profession, twenty dollars; for each diploma, fifty dollars; and all sums received on the account of the Section shall be lodged in the treasury of the Section:

1. The following fees shall be retained by the Treasurer and lodged in the treasury of the Section in case of refusal of admission either to the study or to the practice of the profession, to wit: For admission to study, five dollars; for admission to practice, ten dollars; the Treasurer of the Section shall return the balance to the rejected candidate.

XXXIII. Any person who has been duly named member of, or who has been admitted to the College of the Corporation, University or School of Medicine, duly incorporated and having power to accord diplomas in any country, in which the same privileges shall have been accorded to the physicians and surgeons of this Province, and who produces sufficient proof of his nomination or admission, to wit, a certificate of proper life and character, to the satisfaction of the Council of the Section before which such person presents himself, and who submits to an examination on his

medical knowledge to the satisfaction of the Council shall receive a diploma giving him the right to practice as physician and surgeon in this Province.

ANNUAL SUBSCRIPTION FROM THE MEMBERS.

XXXIII. That the Section Council shall have made other rules, each member shall pay in each Section, annually on the 1st of May, into the hands of the Treasurer the sum of six dollars, which shall be lodged in the treasury of the Section.

2. And the members of the College paying such annual contribution shall have the use of the Library and of the books of their Section, subject only to the rules which the Council of the Section shall have power to establish for the management of the said Library; and the said Council is for the present authorized to establish rules and to change them from time to time as it shall judge proper to increase the said subscription, for other objects.

3. Any member who neglects to pay the annual subscription or any part of it or any other due legally imposed by the Council of the Section, shall lose the right to vote at all and each of the meetings of the Section, so long as he shall remain this indebted.

4. Any member desiring not to practice the profession of medicine shall be able to relieve himself from the payment of such subscription during the whole time that he shall cease thus to practice, by paying previously all arrears due from him and by giving information in writing of his intention of not practising, to the Secretary of the Section to which he belongs, who will inform the Secretary of the General Council, and the fact that such member has ceased to practice shall be ascertained from the particular register of the Section, and such member shall no longer have power to vote upon the practice of the profession, and any fee received after such notification shall be considered to have been received under this provision, and the physician shall have to be subject to the dispositions of the law regulating this profession, unless he has previously notified the Secretary of the Section of his intention to practice anew, and such notification shall also be registered in the said register, and after such notification, such member shall continue to pay the annual subscription.

XXXIV. The Section Councils shall have power to name, every year, a Committee of not less than five members, who shall be chosen from the members of the respective Sections, whose duty shall be to superintend the library of said Section, to take it under their care, and to make regulations concerning its management.

TREASURY OF THE SECTIONS.

XXXV. The treasurers of the different Sections shall make every year, on the first of May and each time that it shall be required by their Sections, an exact report of the receipts and expenditures of their Section.

XXXVI. The Council of each Section shall examine each time that it shall judge proper the accounts of its Treasurer and no expenditure shall be made without the authority of the Council, signed by the President unless the Section in meeting has ordered it.

XXXVII. All fines and subscriptions imposed in virtue of the present act, and conformably to its dispositions shall be recoverable with costs, before any court of justice having civil jurisdiction in the district in which the defendant resides, on a simple certificate from the President, counter-

signed by the Secretary of the Section, and it shall suffice, in the declaration for recovering such subscriptions or fines, to state the sum demanded to mention in it in a summary manner the period during which such fines have been incurred or such subscriptions have become due, without stating the case or the particulars.

XXXVIII. No omission on the part of the Section Councils, to meet,—and no default on the part of any Section to proceed, for the election of its Council and officers should prevent the other Section from proceeding in virtue of the present act, as far as the Sections are concerned, shall not cause the dissolution of the corporation nor of any such Council.

XXXIX. The twenty-sixth Chapter of the Statutes passed in the tenth and eleventh years of the reign of Her Majesty, entitled "Act to incorporate the members of the Medical Profession in Lower Canada and to regulate the study and practice of Medicine and Surgery in it" and the fifty-second Chapter of the Statutes passed in the twelfth year of the reign of Her Majesty, Entitled: "Act to amend the act to incorporate the members of the medical Profession in Lower Canada, and to regulate the study and practice of Medicine and Surgery in it," are for the present repealed, but all processes, matters and things, adopted and accomplished in virtue of the said Act or of any of these Acts, shall remain and continue to exist as if such repeal had not taken place, and as long as the thing shall be necessary, shall be continued, followed and accomplished, in virtue of the present Act.

XL. The disposition of the present Act shall only apply to the students actually under apprenticeship as far as concerns the mode of examination of candidates to practice, such as provided by this Act.

XLI. The powers, privileges, and prerogatives conferred on the Government of the College of Physicians and Surgeons of Lower Canada, in existence at the time of the passing of the present act shall be in as far as they are not contrary to the dispositions of the present act, transmitted, conferred on and exercised by the General Council, and all the Archives, papers, documents, books, or other movable effects belonging to the said College shall become the property of the said General Council and it shall be the duty of the President and of the Secretary of the said College, to put the President and Secretary in possession of the said archives, papers, documents, or other movable effects.

XLII. The powers, privileges and prerogatives of the physicians and surgeons, belonging to the college of physicians and surgeons of Lower Canada, in virtue of the act now repealed in as far as these powers, privileges and prerogatives are not contrary to the dispositions of the present act shall remain attached to the title of physician and surgeon conferred before the passing of the present act.

REGISTER OF THE MEMBERS OF THE COLLEGE.

XLIII. The names of the members of the said Corporation shall be inscribed in a general register kept by the General Council, and the Secretary of each Section shall also keep a similar register, containing the names in full with the residences of each such members of his Section, as provided above:

2. The General Register shall be published every year, in the month which shall follow the elections of the General Council and shall contain only the names of the members of the said Corporation who have paid the annual subscription up to the first of July proceeding, and all arrears which should be due on the certified report which the treasurer of each Section shall make to the Secretary-Treasurer of the General Council in

the fifteen days which follow the General Elections; but this register may be amended, after the regulations of the General Council conformable to the powers conferred on it by the present Act;

3. None shall be allowed to practice as physician and surgeon in the Province of Quebec, if his name is not inserted in such general register thus published;

4. Any writing of a medical prescription, and any sale of poisons or other injurious liquids or substances made on the order of any person whose name is not inscribed in such general register, thus published, shall be considered to have been made by a person not qualified to practice as physician and surgeon;

5. Any person whose name shall not be inscribed in the general register and shall have no right to be there inscribed, shall not have power to indemnify himself for attendance, visits, treatment or prescriptions given by him, and any money received by him for such shall be considered to have been obtained under false pretences and shall render such person subject to the disposition of the common law about false pretences;

6. Any physician or Surgeon, who shall have the right to practice as such, but whose name shall have been omitted in the General Register, for some cause or other, shall apply directly to the Secretary-Treasurer, and on the certificate of the treasurer of the Section to which such physician or surgeon belongs, he shall obtain from the General Council, under the signature of the Secretary-Treasurer of it, a certificate which shall serve in place of the inscription of his name in the general register. and shall have the same advantages, privileges and prerogatives as such inscriptions;

7. Until the General Council has made rules on this subject, any person shall have the right to a certified copy of the General Register printed, by paying into the hands of the General Council a fee of fifty cents; and such copy printed and certified of the said register shall be *prima facie* evidence before any Court of justice of the Province of Quebec.

CAMPBELL'S NORWAY COD LIVER OIL.

We, with much pleasure, recommend this excellent preparation. This oil is superior in appearance to the finest samples of the ordinary Cod Liver Oil. It is stated that Cod fish on the Norway coast are in a much healthier condition than those on the American shores; the makers of the oil are more skilful and careful, and they select only sound and fresh livers. The result is apparent in the pale yet brilliant appearance of the Norway Oil. It has no disagreeable odor, its taste is bland and pleasant, and is readily taken by children and invalids. It can be easily known by the peculiarity of not freezing at temperatures which solidify ordinary Cod Liver Oil.

We have been requested to give publicity to the following announcement, and we trust that Canada will not be behind other countries in sending representative men to attend this very important meeting:

AMERICAN CENTENNIAL CELEBRATION.

INTERNATIONAL MEDICAL CONGRESS.

The Medical Societies of Philadelphia, animated by a just spirit of patriotism, and an earnest desire to unite with their fellow-citizens in celebrating the Centennial Birthday of American Independence, have taken the initiatory steps for the formation of an International Medical Congress by the appointment of delegates from their respective bodies, who were empowered to organize and perfect a scheme for the above purpose. In accordance with the authority thus given the delegation has organized The Centennial Medical Commission, with the following officers: President, Samuel D. Gross, M. D., LL. D., D. C. L. Oxon; Vice-Presidents, W. S. W. Ruschenberger, M. D., U. S. N.; Alfred Stille, M. D.; Recording Secretary, William B. Atkinson, M. D.; American Corresponding Secretaries, Daniel G. Brinton, M. D., William Goodell, M. D.; Foreign Corresponding Secretaries, Richard J. Dunglison, M. D.; R. M. Bertolet, M. D.; Treasurer, Casper Wister, M. D. Arrangements have been made for the holding of the Congress in the City of Philadelphia to begin on the 4th and to terminate on the 9th of September, 1876. The Commission propose the following general plan for the organization and business of the Congress:

I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies of the Union; the latter the principal medical societies of other countries.

II. The officers shall consist of a President, ten Vice Presidents four Secretaries, a Treasurer and a Committee of Publication, to be elected by the Congress at its first session, on the report of a Committee of Nomination.

III. The morning session of Congress shall be devoted to general business and reading of discourses; the afternoons to the meetings of the Sections, of which there are nine, viz.:

1. Medicine, including pathology, pathological anatomy and therapeutics.
2. Biology, including anatomy, histology, physiology and microscopy.
3. Surgery.
4. Dermatology and syphilology.
5. Obstetrics and diseases of women and children.

6. Chemistry, toxicology and Medical Jurisprudence.
7. Sanitary science, including hygiene and medical statistics.
8. Ophthalmology and Otology.
9. Mental diseases.

IV. The language of the Congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

Gentlemen intending to make communications upon scientific subjects will please notify the Commission at the earliest possible date, in order that places may be assigned them on the programme.

In order to impart to the Congress a thoroughly international character invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China and Japan. Invitations will also be rendered to medical gentlemen of high scientific position; and distinguished visitors may be admitted to membership by a vote of the Congress.

Among the advantages arising from such a convocation as this, not the least important will be the opportunity afforded its members for the interchange of friendly greetings, the formation of new acquaintances and the renewal and cementing of old friendships.

The Centennial Medical Commission tender in advance to their brethren in all parts of the world a cordial welcome, and a generous hospitality during their sojourn in the "Centennial City."

The Congress will be formally opened at noon, on Monday, the fourth day of September, 1874.

The registration book will be open daily from Thursday, Aug. 31, *from* 10 *to* 3 *P. M., in the Hall of the College of Physicians, N.E. cor. of* 13*th and Locust Streets. Credentials must in every case be presented.*

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. corner of Locust and Thirteenth Sts., Philadelphia, Pennsylvania

There is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

All communications must be addressed to the appropriate Secretaries.

WILLIAM B. ATKINSON, 1400 Pine Street, Philadelphia, *Recording Secretary.*

DANIEL G. BRINTON, 2027 Arch Street,
WM. GOODELL, 24th & Hamilton Sts. } *American Corresponding Secretaries.*

RICH. J. DUNGLISON, 824 N. 10th St.
R. M. BERTOLET, 113 S. Broad Street. } *Foreign Corresponding Secretaries.*

PHILADELPHIA, October, 1873.

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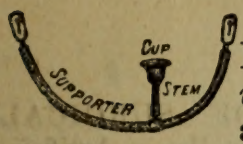

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THE COLLEGIATE YEAR in this institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1875-1876 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 29, 1875, and end bout the 1st of March, 1876.

Faculty.

ISSAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women and Children, and President of the College.

JAMES R. WOOD, M. D., LL.D.,
Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery with Diseases of Genito-Urinary and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M.D.,
Professor of Obstetrics & Diseases of Women and Children and Clinical Midwifery.

EDMUND R. PEASLEE, M.D., L.L., D.
Professor of Gynæcology.

EDWARD G. JANEWAY, M. D.,
Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

AUSTIN FLINT, Jr., M.D.
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

ALPHEUS B. CROSBY, M.D.,
Professor of Descriptive & Surgical Anatomy

R. OGDEN DOREMUS, M. D., LL.D.
Professor of Chemistry and Toxicology.

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Professor of Opthalmology and Otology.

JOHN P. GRAY, M.D.,
Professor of Psychological Medicine and Medical Jurisprudence

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The Summer Session will consist chiefly of recitations from Text-books. This term continues from the middle of March to the end of June. During this session there will be daily recitations in all the departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the Lectures during the Preliminary and Regular Term including Clinical Lectures	$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for Dissection)	10 00
Graduation Fee	30 00

FEES FOR THE SUMMER SESSION

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations, Clinics and Lectures	50 00
Dissection, (Ticket valid for the following Winter)	10 00

For the Annual Circular and Catalogue, giving regulations for graduation, and other information, address the Secretary of the College, Prof. AUSTIN FLINT, Jr, Bellevue Hospital Medical College.

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